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A Didactic Group Therapy Program for the Treatment of Depression

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"A DIDACTIC GROUP THERAPY PROGRAM

FOR THE TREATMENT OF DEPRESSION

(TITLE)

BY

JOHN J. HANSEN
=

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

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IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY

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YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

Abstract

A study was conducted to examine the pretest - posttest change scores on the Zung Self-Rating Depression Scale between an experimental group and control group of geriatric subjects. From a total of 22 subjects tested, eleven were randomly chosen for the experimental group and eleven were randomly chosen for the control group. All subjects were residents of a self-care unit of a nursing home. The subjects used in the experimental group were involved in ten sixty-minute didactic group therapy sessions, while the control group subjects were not treated. A t -test was used to determine the differences between the means of the two groups on the posttest. It was found that the experimental and control groups differed significantly ($t = 2.09$, $p < .05$). Implications were discussed.

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Abstract

The purpose of this study is to establish and to provide a framework for the development of an effective treatment program for certain individuals suffering from depression. The intention of this investigation is to consolidate the more widely utilized treatment paradigms into specific instructional topics which will then be designed in such a manner that the depressed individual may learn to treat the illness in a systematic and effective way.

A review of the current research indicates that there are a variety of treatment methods for depression, however none are empirically validated. This seemingly demonstrates a need for a starting point from which future investigators can add or detract to provide the most effective treatment possible.

For the sake of uniformity and accessibility, twenty-two subjects in a self-care wing of a nursing home were chosen for the experiment. Eleven subjects were randomly selected for the control group and eleven were randomly selected for the experimental group. The average age of all subjects was 77.5 years and the average educational level was 9.9 years. The Zung Self-Rating Depression Scale was used as the pre and posttest instrument for all subjects. Ten 60-minute group sessions were held for the experimental group while the control group did not receive any treatment.

For the purpose of this study the following hypotheses are proposed: 1) A group of geriatric subjects who are given didactic treatment will improve significantly more than a

matched group who do not receive the treatment. The posttest mean raw scores on the Zung Self-Rating Depression Scale will be significantly less (Alpha .05) for the experimental group than for the control group. 2) There will be no significant change in mean raw scores between the pre and posttest Zung Self-Rating Depression Scale raw scores for the control group.

A mean pretest - posttest change score was obtained for both the experimental and control group by calculating the pretest mean raw score and posttest mean raw score for each group and examining the differences. A t -test was then used to determine whether there were any significant differences between the two groups on the posttest. It was found that the experimental and control groups differed significantly ($t=2.09$, $p<.05$). The difference between pretest and posttest means of the control group was not significant.

The limitations and implications for further research are discussed.

The purpose of this study is to establish and to provide a framework for the development of an effective treatment program for certain individuals suffering from depression. The intention of this investigation is to consolidate the more widely utilized treatment paradigms into specific instructional topics. These will be designed in such a manner that the depressed individual may learn to treat the depression in a systematic and effective way.

This study involves the effects of a didactic group therapy treatment for depression. This study should also provide data that may aid counselors and therapists to treat a depressed individual more effectively.

The depressive symptoms of sorrow, sadness, grief, withdrawal, doubts of our own self-worth and effectiveness have plagued mankind for literally thousands of years. Because of the obvious effects of depression on the individual himself and those close to him, philosophers, physicians, psychologists and other research professionals have proposed a multitude of treatment paradigms to alleviate the anguish caused by this illness. In spite of the fact that these treatment modalities encompass a wide range of methodologies, nearly all therapists report some degree of success for their particular method. Unfortunately, these results rarely stand the test of empirical investigation (Beck, 1972).

There appears to be an obvious contradiction which is

continually widening between a disorder of common symptomatology and treatment methods of considerable diversity and questionable results. This contradiction should provide the necessary impetus for the development of a standard treatment program for depression which is easily validated for effectiveness and which could be continually supplemented and revised in order to treat the illness of depression in the most efficient and expedient manner.

Since the fourth century B. C., when Hippocrates wrote of the state of "melancholia" caused by "black bile" (Devereux, 1956), physicians, scholars, and other investigators have been concerned with the causes and effects of the most common affective disorder, depression. Early psychotherapy of depressive illness was introduced in Rome in the first century B. C., when Aesclepiades recommended alleviating the symptoms of depression by means of intellectual stimulation, pleasant music, and the formulation of good emotional relationships (Beck, 1973). Less than a century later, Soranus advocated the use of drama in treating his patients. Depressed patients were encouraged to participate in comedies, while manic patients took part in tragedies (Beck, 1972).

By the middle ages, the belief was that there were a great number of different forms of "melancholy", as it was called, due either to spirits or natural causes. Those due to natural causes were thought to be the result of overwork,

sexual activity, or some sort of overindulgence; whereas those caused by "spirits" were thought to have divine origin (Devereux, 1956).

The founder of the Salerno medical school, Constantinus Africanus, became famous in the late middle ages for his descriptions of depression (Jacobson, 1971). He delineated two distinct types of melancholia: one centered in the brain; the other in the stomach. In addition, he was also the first to describe the symptoms of melancholia: fear of the unknown, extreme religious guilt, and anxiety. He also stated that the most favorable prognosis was for patients who were acutely ill, while the least favorable prognosis was for those who were extremely withdrawn.

Emil Kraepelin, in 1883, differentiated between the manic-depressive psychosis and dementia praecox - later known as schizophrenia (Kielholly, 1972). After Kraepelin, and with the advent of genetic studies in psychiatry, it was thought that all depressive illnesses were a part of the manic-depressive psychoses. This belief was certainly held in the first three decades of this century. If a patient was recognized as having a depressive illness, he was regarded as psychotic, and even though the symptoms might be quite mild, it might be assumed that he was the type of person who could be committed to a mental institution (Kielholly, 1972).

In more recent years, theorists and researchers have

been involved in attempting to define the various depressive symptoms and to formulate etiological factors of the disease. In psychoanalytic terms, (Reubenfine, 1968, pg. 410) depression is defined as "a fixation to a state of narcissistic unity with the mother; with the fixation being caused by a premature and abrupt reversal of climate from one of need satisfaction to one of frustration, prolonged tensions states, and extreme delay satisfaction". Other writers (Seitz, 1971), maintain that depression should be regarded as a function of inadequate or insufficient reinforcers, and that the depressed person should be viewed as being on an extinction schedule. Seitz maintains that some significant reinforcers have been withdrawn, thus weakening the person's behavioral repertoire.

Further confusing the etiological issues are theoretical formulations which are designed to single out different types of depression which have their own etiologies, symptomatologies and prognoses. The three most widely acclaimed (Cammer, 1969) are: endogenous, exogenous (reactive) and neurotic depressions. Cammer maintains that endogenous depressions are caused by a disturbance of brain and nervous system structure or function. This type of depression is generated internally, and the nervous system is physically affected. Exogenous depression is defined as being the result of a serious maladaptation in personality function reflecting an exhaustion of tensional energy as the person fails in his life struggle to adapt to life stresses. Neurotic depression is characteristically

marked by feelings of guilt and somatic preoccupations and is generally not manifested as a result of some life experience.

In a more recent review of mood illnesses Davies, (1972), found thirty-eight classificatory systems of depression currently in use. A more convincing and certainly more operational theory of depression has been offered by Beck (1973), who maintains that the difference between the types and symptomatologies of depressive illnesses are quantitative rather than qualitative.

Paralleling the many and various definitions and causes of depression are wide variations in treatments. Many psychotherapeutic approaches utilize a sweeping grandeur of theoretical formulations and etiological hypothesis which are based on the therapists' own clinical intuitions and experiences. Treatment modalities have been proposed by some practitioners (Beck, 1972; Cammer, 1969; and Regan, 1965), that do report successes but are not empirically validated. Similarly, the aforementioned practitioners have failed to systematically report "before and after" studies utilizing their particular treatment methodologies. Beck (1972), generally maintains that depressed persons should be totally task oriented and should be strongly confronted with their irrational and illogical conceptions of their ability to function. Regan, (1965), on the other hand, believes that it is of therapeutic value to utilize "tactics" for treating depression. Essentially these "tactics" are designed to protect the patient from stresses and to provide small "successes". He maintains

that the primary responsibility for symptom relief lies with the therapist and not the patient. Cammer (1969), presents more specific procedures which he feels should be taken by the depressed person's family when certain depressive characteristics are observed. The treatment modalities of these authors have been consolidated into instructional topics and comprise the content of the group discussions (see Appendix A). It is interesting to note at this point that none of the previously mentioned authors has elected to study depressed individuals who do not undergo treatment for their illness.

Studies on group therapy with depressives are virtually nonexistent. Miller (1966) conducted a series of 15 group therapy sessions with 13 depressed women and noted that the patients did respond "expressively" in a group setting and that they manifested all the significant roles and feelings that they experienced in their life. Miller concluded that group therapy was more effective than individual therapy because: a) no patients were hospitalized after the group whereas one-third had been prior to it; B) all reported symptom relief after the group whereas none did after individual therapy. Miller regards this study as innovative in itself as he states:

...As far as we can determine, no one has ever reported an effort of outpatient group psychotherapy in which the group consisted exclusively of depressed patients (p. 701).

Since the effectiveness of group therapy for depressives

has not been assessed, the question of the effectiveness of group therapy itself is raised. Sethna and Harrington (1971), undertook an extensive review of the literature regarding group therapy. They found that the effectiveness of group therapy depends upon the subjects: a) intelligence (the greater the intelligence and verbal ability the more suitable), b) age (16-39 being the most effective), c) anxiety (a moderate amount considered better), d) secondary gain (if the patients illness is a source of subtle or overt gains with only subtle gains seen as preferable) and e) reality factors (if the parent, spouse, etc., is not undermining the treatment). If the patients do, then fall into these categories, improvement will then occur in terms of symptom relief, improvement of interpersonal functioning, ability to cope with life stresses, and personality change.

Sethna and Harrington (1971), conclude their review on a note of pessimism:

...considering the present state of group psychotherapy we wonder if any evaluative study can demonstrate its effectiveness as practiced in its many forms, on a wide variety of patients and in quite different settings. It is believed that such evaluation studies will only be possible when we can settle what constitutes improvement or recovery, understand more clearly the nature of neurotic and personality disorders, and establish methods of group psychotherapy which can be clearly defined and easily reproduced (pp. 657-658).

If the effectiveness of group therapy remains unknown, the question of the effectiveness of a didactic group therapy

procedure may then be raised. Klapman (1954), in comparing didactic group therapy with the analytically oriented therapy, states:

...analytic group therapy indicates that mode of treatment which places its greatest reliance on the exploration of the instinctual-affective forces and their viscissitudes, with a view to releasing or eliminating the retarding factors which have prevented the usual, natural, or "normal" emotional development. In psychoanalysis, the patient free associates, the therapist then explains the procedures and dynamics of symptoms, after which the therapist and patient undertake to examine the repressed material (p. 279).

Klapman describes didactic group therapy as a mode of group treatment which more or less preponderantly places reliance on an expository or explanatory approach to treatment. Generally conceived of as textbook oriented, didactic group therapy has as one of its objectives the conditioning and repleting of the areas of personality other than the instinctual-affective spheres as is common in analytic group therapy.

Although lectures are sometimes used (Klapman, 1946), the general procedure for didactic group therapy is the use of a textbook or mimeographed manual. Klapman (1946) prefers the textbook rather than the lecture method since in the former the subject is more of an active participant. A series of lectures, regardless of how interesting, leaves the audience as passive participants. They are talked to, rather than talked with. In using the textbook model, the printed mater-

ial provides a continuous flow of stimulus material. Klapman and Lunden (1952) cite several advantages of the use of textbook in therapy:

The book provides a systematic, planned logical system of stimulus material which serves to stimulate patients' associations and abreactions as well as purposes of re-education. Instead of patients remaining passive...they become active participants as they read aloud, then comment on what they have read and associate to it...The therapist may ask further provocative questions. Any patient in the group is likewise free to comment at any time. The therapist may further clarify, demonstrate, and amplify (p. 117).

These authors comment upon the lack of sophistication of the ordinary person:

It is not fully appreciated that in the case of the average individual, coming from the ordinary walks of life - how nebulous and confused are his ideas, concepts and speculations. With so great an intellectual handicap in our complicated society, the miracle is that so many can maintain so good semblance of adequate social adjustment. Didactic group therapy, as one of its functions, helps to increase the facility for handling concepts and provides raw material out of which to shape them, and the open forum in which to express them (p. 119).

Klapman and Lunden (1952), found that the use of didactic group therapy creates a reawakening and stirring of intellectual curiosity. In addition, one of its most important effects is a reconditioning and reordering of the most self conscious and conceptualizing functions of the personality with a definite increase in ego control after a relatively short period of time in therapy. In cases where there was little personality change

in the subjects, there was generally a greater awareness of impulse life leading to a loosening up of essential rigid personality patterns.

The work of Low (1961), emphasizes the use of didactic therapy as a means of self-help for emotionally disturbed patients. Low, a neuro-psychiatrist for the faculty of the University of Illinois College of Medicine, organized Recovery Incorporated: The Association of Nervous and Former Mental Patients. Wechsler (1960), describes the procedures used in Low's method of treatment as follows. Former psychiatric patients are organized into small groups of from 11 to 30 members. Membership is entirely voluntary, however members are required to attend weekly meetings where they take turns reading from a textbook prepared by Low, after which examples from everyday life are presented with a question and answer period following. There is no formal professional guidance, as the leaders spring from the membership itself.

Malamud and Machover (1965), organized "workshops in self-understanding" where patients drawn from a psychiatric clinic waiting list participated in didactic group therapy. A carefully planned program, designed to clarify important reasons for psychological dysfunction and methods of self-exploration is presented. This technique has not only proven successful for preparing patients for further treatment, but has been successful in relieving symptoms to the point where no further treatment is required.

Barksdale (1972), has prepared a systematic program designed purposefully to increase the self-esteem of adults who feel inadequate or inferior. In this program, voluntary subjects meet weekly, read from a highly structured manual, then discuss in an informal discussion period the material that has been read. While no data is available regarding the success of this method, it does seem to have distinct possibilities in raising the self-esteem of marginally adjusted persons. Devereux (1956), describes techniques for therapeutic education which are designed to assist the student to unlearn certain behavioral patterns and to teach him more appropriate behavioral traits using psychotherapeutic techniques which rely heavily on didactic methodologies.

Dollard and Miller (1950), see the therapist as a kind of teacher and the patient a learner. In the same way and by the same principles, according to these theorists, that bad tennis habits can be corrected by a good coach, so bad mental and emotional habits can be corrected by a good therapist.

Didactic techniques have not been given much serious consideration among treatment methodologies of psychotherapists. The utility of this method for behavior change has seemingly been lost in the shadow of the more popular analytic, client-centered, interpersonal, and gestalt systems of treatment. However, in view of the material presented in this section of the paper, didactic techniques, although previously unused,

seem to offer definite therapeutic possibilities. The educative and re-educative aspects of therapy are becoming more important in the therapeutic scheme of things as workers in the area of human adjustment sharpen their skills to meet the needs of society. The work of Low (1961), and Klapman and Powell (1952), reviewed above, plus the concept of Dollard and Miller (1950), that the therapist is a teacher and the patient a learner attests to the pedagogical nature of the therapeutic situation. Therapy is, in essence an attempt to assist maladjusted persons to adjust to themselves and to their environment.

With the advent of electro-convulsive therapy in 1934 by Von Meduna, more dramatic measures for the treatment of depression began. Research and comparisons between convulsive therapy and the psychopharmaceutical therapies which began in 1957, have proved to be unconvincing. Beck (1972), observed that the efficacy of imipramine and its derivatives (the most widely prescribed of the anti-depressants), has not been clearly established and that further studies are necessary to provide definite answers regarding its efficacy and indications. Beck further compared Electro-Convulsive Therapy (ECT) with imipramine in six studies. In three of these studies ECT was judged to be superior but in the other three, the effects of both treatments were judged to be equivalent. Beck also concluded that there is very little evidence to show that ECT is effective in depression although it is widely believed to be.

From this survey, it appears to be both possible and desirable to establish a didactic treatment program for certain individuals suffering from depression. No effective didactic program for depression has yet been established, indicating the need for a starting point from which future investigators can add and detract to provide the most effective treatment possible. Hence, the specific intent of this study is to program and evaluate the effects of a didactic treatment strategy with a group of depressed individuals.

Therefore, it seems logical that a group of depressed individuals who are given didactic group treatment will improve significantly more than a comparable group of individuals who do not receive such treatment.

For the purpose of this study the following hypotheses are proposed:

Hypothesis 1. A group of geriatric subjects who are given didactic treatment will improve significantly more than a matched group who do not receive the treatment. The posttest mean raw scores on the Zung Self-Rating Depression Scale will be significantly less ($\alpha .05$) for the experimental group than for the control group.

Hypothesis 2. There will be no significant

change in mean raw scores between the pre and posttest Zung Self-Rating Depression Scale raw scores for the control group.

Methodology

Subjects

The subjects chosen for this study were residents of Lakeland Nursing Home located in Effingham, Illinois. The individuals chosen resided in the self-care wing of the above mentioned facility. This particular section of the facility was chosen because the residents were, for the most part, considered to be well oriented and capable of caring for their own needs.

A detailed examination of the medical and psychological records of those residents was made to insure the elimination of those individuals diagnosed as schizophrenic, mentally retarded, or senile. Supervisory and nursing staff members were also interviewed and asked to submit the names of residents whom they thought might be depressed and who also might function in a group setting.

Twenty-two subjects were selected for the experiment with eleven subjects randomly selected for the experimental group and eleven subjects randomly selected for the control group. The experimental group consisted of four males and seven females, and the control group consisted of three males and eight females. The average age of all subjects was 77.5 years, and the average educational level was 9.9 years. All subjects had a Self-Rating Depressive index score of 50 or

above, indicating depression as measured by the Zung Self-Rating Depression Scale (Zung, 1965a). The average Self-Rating Depressive Scale raw score for the experimental and control groups was 65.0 and 64.6 respectively. The average age and educational level for the experimental group was 76.9 years and 10.1 years respectively, while the average age and educational level for the control group was 78.0 and 9.8 years.

Apparatus

To assess the effectiveness of didactic group therapy for decreasing depression in the experimental group, the Zung Self-Rating Depression Scale (SDS) was used in the pre and posttests. The SDS is comprised of twenty items, each relating to a specific characteristic of depression (see Appendix C). The twenty items comprehensively delineate widely recognized symptoms of depressive disorders. Opposite the statements are four columns headed: "None or a Little of the Time, Some of the Time, Good Part of the Time, and Most or All of the Time".

The subjects were given the list of items and asked to put a check mark in the box most applicable to their feeling at that particular time. The subjects depression rating was then obtained by adding the indicated values for each item and then converting the raw score to an index score based on 100. The scale is so constructed that a low index score (25-42)

indicates little or no depression and a high index score (50 plus) indicates depression of clinical significance.

Certain safeguards, common to psychological tests, are incorporated in the statements and in the headings of the rating columns. The subjects are unable to discern a trend in the answers because half of the statements are worded symptomatically negative. Additionally, an even rather than an odd number of columns is used to offset any possibility of an individual checking middle columns in order to look average (Zung, 1965b).

The SDS was chosen because of its ease of administration over other widely used instruments. Zung (1967) examined the sheer length of some of the more popular instruments used for measuring depression and observed that: The Hildreth Depression Scale was a 76 statement inventory; The "D" Scale on the Minnesota Multiphasic Personality Inventory consists of 60 true-false questions; The Beck Depression Scale was composed of 89 sentences; The Hamilton Depression Scale is a 28 question inventory, and The Clyde Mood Scale consisted of 60 items.

The SDS was initially administered to all depressive patients admitted to a psychiatric hospital over a five month period of time (N= 57). The method of treatment for these individuals consisted of electro-convulsive therapy, and antidepressant therapy. The patients were observed to be free of symptoms of depression on discharge. The mean indices achieved on the SDS

scale for patients diagnosed as depressives before and after treatment were .74 and .39 respectively. The mean index for normals was .33 (Zung, 1965a).

In another study (Zung, 1965b) 152 depressed outpatients in a community mental health center were administered the MMPI and the SDS. The results showed that the SDS correlated .70 with the "D" Scale on the MMPI.

A later study (Zung, 1967) examined the possibility of social factors having an effect on SDS scores. It was concluded that: there is no significant difference between mean SDS indices of males and females, SDS scores are independent of marital status, and the scores are not affected by educational level, financial status or intelligence.

Procedures

The nursing and treatment staff of Lakeland Nursing Home in Effingham, Illinois, were asked to provide the names of 30 residents of the self-care wing of that facility who were diagnosed as depressed or were exhibiting symptoms of severe depression. Each of these individuals was interviewed by the Experimenter. The Zung Self-Rating Depression Scale was administered at the immediate onset of the interview session. Later during the interview, the subjects were told that the Experimenter wanted to conduct didactic group therapy sessions or "classes" with the residents of the facility. The Experimenter informed the subjects that he was a student at Eastern Illinois

University and a counselor at the Effingham County Mental Health Center. It was explained that the group would discuss subject matter pertinent to human behavior and more specifically, to depression. After all subjects were interviewed, 8 subjects were not used for either the control or experimental groups because of their unwillingness to become involved, obvious senility or debilitating physical problems. Of the 22 remaining subjects, 11 were randomly selected for the experimental group and 11 were selected for the control group.

The group sessions for the experimental group consisted of ten sixty-minute periods which lasted from 7:00 p.m. until 8:00 p.m. on Wednesday evenings at the Home. This particular time was chosen to avoid regularly scheduled activities during the day, and weekend absences or visits from friends and relatives.

At the beginning of each session, the subjects were given an outline of what was to be talked about during that particular session (see Appendix A). The following format was then used: When a topic was initially introduced, the Experimenter would provide some basic information on the subject, then the group would be asked if that particular item was applicable to them, and if so, in what way. The implications of these applicabilities, as related to their effect upon behavior, were discussed at some length by the subjects, with the Experimenter acting as group facilitator. At no time did the Experimenter criticize an opinion, however he did, on occasion probe into

a response in order to facilitate elaboration or clarification of a point.

At the end of the prescribed experimental period, the SDS was administered as a posttest to both the experimental and control group.

Results

The mean pretest raw score on the Zung Self-Rating Depressive Scale for the experimental group was 52.0 and 51.6 for the control group. The mean posttest raw score for the experimental group was 44.4 and 53.5 for the control group.

A mean pretest - posttest change score was obtained for both the experimental and the control group by calculating the pretest mean raw score and posttest mean raw score for each group and examining the differences. A t-test was then used to determine whether there were any significant differences between the two groups on the posttest. It was found that the experimental and the control groups differed significantly (t = 2.09, p < .05). The difference between pretest and posttest means of the control group were not significant.

The hypothesis that: 1) The posttest mean raw scores on the SDS will be significantly less (Alpha .05) for the experimental group than for the control group is accepted. Table 1 reports the means, standard deviations, and t values for the samples.

Table 1

Comparison of the Mean Raw Scores of the Pretest and Posttest
of the SDS for the Experimental and Control Groups

	Experimental			Control		<u>t</u> Value
	Sample	Mean	Sd	Mean	Sd	
Pretest	11	52.0	6.48	51.6	5.26	
Posttest	11	44.4	3.80	53.5	3.80	5.35 **

* $\frac{p}{p} < .05$

** $\frac{p}{p} < .001$

The hypothesis that: 2) There will be no significant change in mean raw scores between the pre and posttest SDS index scores for the control group is similarly accepted (see Table 1). The posttest mean raw scores on the SDS were significantly less for the experimental group than for the control group, and there was no significant change in mean raw scores between the pretest and posttest SDS scores for the control group.

Discussion

It is not intended that generalizations from this study be made to populations other than nursing homes. Within the

nursing home population, however, the technique would seem to have particular merit and may be utilized as a valuable tool in treating depressive illnesses. Such didactic group programs could easily be incorporated into the structured weekly activities of any similar facility.

Additional credibility could be added to this study in view of the fact that randomization procedures produced a statistically insignificant difference (.40) between the pretest means of the two groups. This enhances the likelihood that the didactic method accounts for the significant difference in posttest means since possible invalidating factors within the environment were equivalent for both groups.

If generalizations of this procedure are to be made, other research designs might include a variety of clinical populations or inpatient populations. In the future, researchers may wish to include an additional placebo group, which is intended to, in some innocuous way, determine the effects of regular attention as opposed to the attention received in the experimental group.

Follow-up studies on both groups might be helpful in providing information concerning the long-term relief from depression. If indeed longitudinal studies demonstrated lasting and positive effects, it might be a relatively simple procedure to incorporate such a program into standard procedures for a geriatric or other long-term care facility.

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Appendix A

The following outline indicates the topics to be presented for the group discussions. Each group meeting is designed in such a manner so that specific instructional topics are offered, and time is allocated to examine the applicability of the topics to the group members.

Session I.

- I. Introduction to purpose of the group
 - A. Procedures
 - B. Attendance
 - C. Meeting time
- II. Introduction of group members
 - A. Name and original residence
 - B. How long a resident of facility
- III. Definitions of depression (Cammer, 1969)
 - A. Loss of loved ones
 - B. Feelings of unworthiness
 - C. Feelings of hopelessness
- IV. Applicability
 - A. To self

B. To others

Session II.

- I. Observable characteristics of depression
(Cammer, 1969)
 - A. Sleep difficulties
 - B. Poor appetite (weight)
 - C. Self-neglect (appearance)
- II. Applicability of I to self
- III. Methods of dealing with I. (Cammer, 1969)
 - A. Organizing sleep patterns
 - B. Regulating eating habits
 - C. Spending more time with appearance

Session III.

- I. Characteristic functioning difficulties
(Beck, 1972)
 - A. Preoccupation with bodily functioning
 - B. Loss of self-confidence
 - C. Loss of interest in surroundings
- II. Applicability of I to self

III. Methods of dealing with I. (Beck, 1972)

- A. Arguing pro and con of perceived disability
- B. Risk taking - focusing on what we do well
- C. Listing realistic activities

Session IV.

I. Characteristic mood difficulties (Cammer, 1969)

- A. Crying and tearfulness
- B. Sadness
- C. Agitation
- D. Withdrawal

II. Applicability of I to self

III. Methods of dealing with I. (Lazarus, 1968)

- A. Recognizing normalcy of crying and seek out others - also, deep breathing exercises
- B. Stressing importance of meaningful activities
- C. Relaxation exercises
- D. Again stressing importance of expanding activities and interests.

Session V.

- I. Characteristic "Mind" problems (Cammer, 1969)
 - A. Lack of concentration (narrowing the attention span)
 - B. Memory difficulties
 - C. Inability to make decisions or use will-power
 - D. Poor judgement

- II. Applicability of I to self

- III. How to deal with I. (Beck, 1973)
 - A. Recognizing that the normal fluctuations of the surroundings are confusing
 - 1. Ventilate about lack of orientation
 - 2. Concentrate on face-to-face conversations and wait for answers
 - B. Re-acquainting self and help others become acquainted with facts without being judgmental about forgetfulness
 - C. Force choices and dispel myths associated with being wrong
 - D. Protecting our own interests and those of others

Session VI.

- I. Psychological difficulties and delusions (Beck, 1973)
 - A. Delusions of persecution
 - B. Guilt
 - C. Self-deprecation and unworthiness

II. Applicability of I to self

III. Methods of dealing with I

- A. Rationale behind significant "others" motives
- B. A realistic approach to making mistakes
- C. Self-reinforcing properties of I. - C.

Session VII.

- I. General discussion of maladaptive behavior (neuroses)
 - A. Obsessive-compulsive behavior
 - B. Hysterical personality
 - C. Hypochondriasis

II. Applicability of I to self

III. Discussion of alternative methods of need fulfillment

Session VIII.

- I. Methods of recognizing our own problematic behaviors
 - A. When do we feel the worst
 - B. What is going on then
 - C. How do others respond to us

D. What is the result of their responses

II. Applicability of I to self

III. What are some alternatives to our own behavior and the behavior of others in these situations

Session IX.

I. A Gestalt approach to expanding our awareness

A. How to live in the past

B. How to live in the future

C. How to live in the "here and now"

II. Applicability of I to self

III. Exercises in the awareness of the "here and now"

Session X.

I. Summarization of previous sessions

II. Applicability of previous sessions

A. Can the principles be applied

B. Have you applied them

C. What other areas need to be dealt with

III. Post-test

Appendix B

Operational Definitions

For the purposes of this study, the major variables will be defined as follows:

Depression - Emotional state of dejection, gloomy ruminations, feelings of worthlessness and guilt, and usually apprehension. For the purpose of this investigation depression will be further noted as a score of 50 or above on the Zung Self-Rating Depression Scale.

Didactic group therapy - A technique of communication and interaction designed to impart factual data, explore attitudes and opinions, and to alter behavior. The component parts are individually defined as:

- a. Didactic - to teach or convey information.
At the beginning of each session, the group leader presented certain factual data pertaining to the topics scheduled for discussion. (see Appendix A).
- b. Group - an aggregate of individuals with certain characteristics in common who assemble

together at a designated time and place for a commonly agreed upon purpose, namely, to discuss factors pertaining to human behavior.

- c. Therapy - an education or re-educative process designed to facilitate change in personality. The individual is assisted in perceptual re-organization, in integrating insights into his personality structure, in working out methods of dealing with feelings, and in modifying defenses to facilitate readjustment (Stevens, 1974).

Appendix C

	None or a little of the time	Some of the time	Good part of the time	Most or all of the time
I feel down-hearted and blue				
Morning is when I feel the best				
I have crying spells or feel like it				
I have trouble sleeping at night				
I eat as much as I used to				
I still enjoy sex				
I notice that I am losing weight				
I have trouble with constipation				
My heart beats faster than usual				
I get tired for no reason				
My mind is as clear as it used to be				
I find it easy to do the things I used to				
I am restless and can't keep still				
I feel hopeful about the future				
I am more irritable than usual				
I find it easy to make decisions				
I feel that I am useful and needed				
My life is pretty full				
I feel that others would be better off if I were dead				
I still enjoy the things I used to do				

SDS Questionnaire with Scoring Overlay

	None or a little of the time	Some of the time	Good part of the time	Most or all of the time
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel the best *	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to *	4	3	2	1
6. I still enjoy sex *	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be *	4	3	2	1
12. I find it easy to do the things I used to *	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future *	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions *	4	3	2	1
17. I feel that I am useful and needed *	4	3	2	1
18. My life is pretty full *	4	3	2	1